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PTO/SB/21 (08-00)

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Application Number	09/516,209
Filing Date	February 29, 2000
First Named Inventor	Allen-Rouman, Terry
Group Art Unit	2768
Examiner Name	
Attorney Docket Number	020375-002700US

Total Number of Pages in This Submission

1

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Firm and Individual name	Townsend and Townsend and Crew LLP Thomas D. Franklin	Reg. No. 43,616
Signature		
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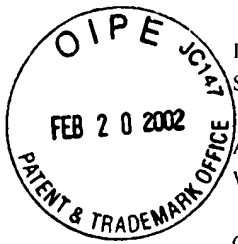
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By: Maisie C. Livengood
Maisie C. Livengood

Attorney Docket No. 020375-002700US

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Allen-Rouman et al.

Application No.: 09/516,209

Filed: February 29, 2000

For: ELECTRONIC PURCHASE
METHOD AND FUNDS
TRANSFER SYSTEM

Art Unit: 2768

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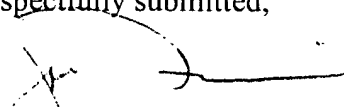
Applicants hereby request the following correction to the Filing Receipt in the above-identified application with a mailing date of May 3, 2000.

The first named Applicant should be Terry Allen-Rouman (with a hyphen). For your convenience, a copy of the Filing Receipt with the correction shown in red is attached. Also attached is a convenience copy of the Revocation and Substitution Power of Attorney and Change of Correspondence Address which names Townsend and Townsend and Crew LLP as the attorneys of records and the Assignment from Achex, Inc. to First Data Corporation.

Allen-Rouman et al.
Application No.: 09/516,209
Page 2

PATENT

Respectfully submitted,



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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/516,209	02/29/2000	2768	882	00617425	5	22	5

Daniel H Shulman
Mayer Brown & Platt
PO Box 2828
Chicago, IL 60690-2828COPY OF PAPERS
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Applicant(s)

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Continuing Data as Claimed by Applicant

Foreign Applications

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Title

Electronic purchase method and funds transfer system

Preliminary Class

705

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Bib Data Sheet

CONFIRMATION NO. 1082

SERIAL NUMBER 09/516,209	FILING DATE 02/29/2000 RULE	CLASS 705	GROUP ART UNIT 2164	ATTORNEY DOCKET NO. 00617425
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CA	SHEETS DRAWING 5	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 5
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Verified and Acknowledged _____
Examiner's Signature _____ Initials _____

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TITLE

Electronic purchase method and funds transfer system

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